



Application for a Water Right Permit

For Ecology Use
(Date Stamp)

RECEIVED

MAY 30 2013

WA State Department
of Ecology (SWRO)

Follow the attached instructions. Attach additional sheets as necessary.

- ☒ GROUND WATER ☐ SURFACE WATER
☒ PERMANENT ☐ SHORT TERM ☐ TEMPORARY
☐ DROUGHT

***A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

Section 1. APPLICANT

- ☐ I have participated in a pre-application conference with Ecology.

Applicant/Business Name: Public Utility District No. 1 of Thurston County	Phone No: (360) 357-8783	Other No:
Address: 921 Lakeridge Way SW, Suite 301		
City: Olympia	State: WA	Zip: 98502
Email Address (if available):		

Contact Name (if different from above): Joseph A. Rehberger, Cascadia Law Group PLLC	Phone No: (360) 786-5062	Other No: (360) 786-5057
Relationship to Applicant: Attorney		
Address: 606 Columbia Street NW, Suite 212		
City: Olympia	State: WA	Zip: 98501
Email Address (if available): jrehberger@cascadialaw.com		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: N/A – municipal system	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (if available):		

For Ecology Use	APPLICATION NO: <u>62-30617</u>	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>5/30/13</u> By <u>SC</u> WRIA: <u>13-Thurston</u>
Pre-application interviewer:		

Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Briefly describe the purpose of your proposed project: Thurston County PUD seeks additional instantaneous (Qi) for municipal supply to serve Tanglewilde Water System. Thurston PUD's existing source wells and system capacity can accommodate the increased Qi up to 900 gpm, which is currently being provided by the City of Olympia through an intertie and interlocal agreement. Thurston PUD would develop sources to provide for increased source capacity to meet demand. Thurston County PUD has easement rights to source location.
Anticipated length of time to complete your project: 5 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Municipal Supply	510 GPM		0	Continuously
TOTAL:	360		0	

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: <u>See attached Exhibit A</u>
Source Name: _____	Well diameter & depth: <u>See attached Exhibit A</u>
Tributary to: _____	Number of proposed points of withdrawal: <u>3</u>
Number of proposed diversion points: _____	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No.: <u>See Exhibit A and Exhibit C</u>

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
See attached Exhibit A						
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐_____) corner of Section_____.

Parcel No.	¼	¼	Section	Township	Range	County
See attached Exhibit A						
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐_____) corner of Section_____

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.
See attached Exhibit A

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Department of Health approved Water Service Area for Tanglewilde #600 (Tanglewilde-Thompson Place Water System) (ID #04397K). See attached Exhibit B.						
¼	¼	Section	Twp.	Range	County	Parcel No.
					Thurston	Multiple

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: N/A – municipal system m

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO

If yes, provide the water right and/or claim numbers: Certificate of Groundwater Right No. 1688-A; Certificate of Groundwater Right No. 3577-A; Certificate of Groundwater Right No. 4344-A

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. See attached Exhibit B

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Existing Tanglewilde #600 Water System (Tanglewilde – Thompson Place Water System). Department of Health approved Water System Plan on file with DOH and the applicant, and available upon request. See attached as Exhibit C (Well Logs) and Exhibit D (WFI).

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: <u>approx. 1877 ERUs (approx. 4,466 residents)</u>
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: <u>approx. 2017 ERUs</u> (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved <u>02/27/2009</u> Water System Number: <u>#04397K</u>	
Name of water system: <u>Tanglewilde #600 (Tanglewilde – Thompson Place Water System)</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: <u>N/A</u>	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = N/A ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: N/A

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: N/A

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☒ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: N/A

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: N/A

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: N/A

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO (see below)

If you answered yes to any of the above questions, please describe: Existing reservoir. Existing reservoir located at
Thurston County Tax Parcel No. 11814320400. Thurston PUD does not propose any new water storage or reservoir
components as part of this application.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Please contact Kim Gubbe at Thurston County PUD to
arrange for site visit or inspection. Kim Gubbe, Operations Manager, Thurston PUD, 921 Lakeridge Way SW,
Suite 301, Olympia, WA 98502; 360-357-8783

Site Address: Wells site location: 414 Wildcat Street SE, Lacey, WA 98503

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Joseph A. Rehberger

Print Name

(Applicant or Authorized Representative)

MA Rm
Signature *ATTORNEY FOR THURSTON PUD*

May 29, 2013

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input checked="" type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

